

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILED DATE

10810901 03/29/00

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	
1	1		1											
2		1		1										
3		2		2										
4		1		1										
5		1		1										
6		1		1										
7	1													
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9		1		1										
10		2		2										
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50														
TOTAL IND.	2	1	2	1										
TOTAL DEP.	19	1	18	1										
TOTAL CLAIMS	21		20											
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